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## COVER LETTER

TO: Registration Sect Division of Corpo			¢	
MC TAKEO	UT RESTAURANT LLC	•	••	
SUBJECT:		d Liability Company		
The enclosed Articles of A	amendment and fec(s) are subm	itted for filing.		
	dence concerning this matter to			
	Monal Canton			
		Name of Person		
		Firm/Company		
		Address		
	847 NW 119 st			
		City/State and Zip Code		
	Miami FL 33168 E-mail address: (t	o be used for future annual report no	otification)	
For further information c	oncerning this matter, please ca			
Monal Canton		786 327-8428		
Name o	f Person	Area Code Dayti	ime Telephone Number	
Enclosed is a check for t	he following amount:			
<b>≘ \$</b> 25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
<u>Mailing Addre</u> Registration		Street Address: Registration	Section	
Division of Corporations		Division of Corporations The Centre of Tallahassee		
P.O. Box 63 Tallahassee,			roe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



MC TAKEOUT RESTAURANT LLC

company has been notified in writing of this change.

(Name of the Limited Liability Company as it now appears on our records.

(A Florida Limited Liability Company)

he Articles of Organization for this Limited Liability Company were filed on and assigned and assigned	
orida document number 1.20000238438	
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability company here:	
ne new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."	_
nter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	_
	_
nter new mailing address, if applicable:	
Aailing address MAY BE A POST OFFICE BOX)	_
Halling dataress BIAT BE A FOST OFFICE BOX	_
. If amending the registered agent and/or registered office address on our records, enter the name of the new regis	terec
gent and/or the new registered office address here:	
Monte of Non-Deviators & America	
Name of New Registered Agent:	_
New Registered Office Address:  Enter Florida street address	ith the
, Florida	_
ew Registered Agent's Signature, if changing Registered Agent;	
hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with	la elso
ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and	
ecept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document was selected to merely reflect a change in the registered office address, I hereby confirm that the limited liability.	S

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Monal Canton	847 NW 119 ST suite201 Miami FL 33168	<b>=</b> Add
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Effective date, if other the first of the first of the first of the first of the date inserted of the document's effective date.	in this block does t	iot meet the app	neame statutory	or more than 90 da filing requiremen	(optional) lys after filing. nts, this date	) Pursuant to 6 will not be li	05.020 isted as
	d effective date, bu	t not an effective	e time, at 12:01 :	a.m. on the earlie	rof; (b) Th	ie 90th day al	fter the
rd is filed. 08/26/2020		· · · · · · · · · · · · · · · · · · ·	·				
ord is filed.	` .						
ord is filed.	Signature	of a member or a	ithorized represer	ntative of a member			